

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1
March 2010
Form must be Typed
Form must be Signed
All blanks must be Filled

**REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION OR SURFACE PIT PERMIT**

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

Check Applicable Boxes:

☒ Oil Lease: No. of Oil Wells 2 **

☐ Gas Lease: No. of Gas Wells _____ **

☐ Gas Gathering System: _____

☒ Saltwater Disposal Well - Permit No.: D-20675

Spot Location: 1650 feet from ☐ N / ☒ S Line

4290 feet from ☒ E / ☐ W Line

☐ Enhanced Recovery Project Permit No.: _____

Entire Project: ☐ Yes ☐ No

Number of Injection Wells _____ **

Field Name: Ledford Seeley-Wick

**** Side Two Must Be Completed.**

Effective Date of Transfer: 07-01-14

KS Dept of Revenue Lease No.: NA

Lease Name: South Carson

SW Sec. 33 Twp. 23 R. 11 ☒ E ☐ W

Legal Description of Lease: SW4

County: Greenwood **KCC WICHITA**

Production Zone(s): Viola **JUN 27 2014**

Injection Zone(s): Viola + Arbuckle **RECEIVED**

Surface Pit Permit No.: NA
(API No. if Drill Pit, WO or Haul)

_____ feet from ☐ N / ☐ S Line of Section

_____ feet from ☐ E / ☐ W Line of Section

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover OR ☐ Drilling

Past Operator's License No. 6470/ Contact Person: Randall Schankie

Past Operator's Name & Address: Schankie Well Service, Inc. Phone: 620-437-2595

1006 SW Blvd, PO Box 397 Madison, KS 66860 Date: 06-20-14

Title: Secretary Signature: Randall Schankie, Sec

New Operator's License No. 33920/ Contact Person: Philip Schankie

New Operator's Name & Address: Schankie & Sons, LLC Phone: 620-437-6187

2604 370th St Madison, Ks 66860 Oil / Gas Purchaser: Sunoco Partners, Inc.

Title: Owner Date: 06-20-14

Signature: Philip Schankie

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # _____ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.

Schankie & Sons LLC is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: D-20,675 . Recommended action: None

Date: 7-18-14 Cheryl L. Boyer
Authorized Signature

_____ is acknowledged as
the new operator of the above named lease containing the surface pit
permitted by No.: _____

Date: _____
Authorized Signature

DISTRICT _____	EPR <u>7-17-14</u>	PRODUCTION <u>7-24-14</u>	UIC <u>7-18-14</u>
Mail to: Past Operator <u>7-18-14</u>	New Operator <u>7-18-14</u>	District <u>(3)</u>	<u>7-18-14</u>

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

* Lease Name: S CARSON * Location: SW4 33-23-11 GW CO, KS

KCC WICHITA
JUN 27 2014
RECEIVED

* When transferring a unit which consists of more than one lease please file a separate side two for each lease. If a lease covers more than one section please indicate which section each well is located.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1
January 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: ☐ C-1 (Intent) ☐ CB-1 (Cathodic Protection Borehole Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 33920
Name: Schankie & Sons, LLC
Address 1: 2604 370th St
Address 2: _____
City: Madison State: KS Zip: 66860 + _____
Contact Person: Philip Schankie
Phone: (620) 437-6187 Fax: (620) 427-4877
Email Address: NA

Well Location: _____
- - - - - SW Sec. 33 Twp. 23 S. R. 11 ☒ East ☐ West
County: Greenwood
Lease Name: South Carson Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

South Carson SW4 33-23-11 GW CO, KS

Surface Owner Information:

Name: Gary Jamison
Address 1: 219 S 2nd
Address 2: _____
City: Madison State: KS Zip: 66860 + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- ☒ I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- ☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 06-20-14 Signature of Operator or Agent: Philip Schankie Title: Owner

KCC WICHITA

JUN 27 2014

RECEIVED